

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE <u>BENBROOK City Council</u>				GENERAL ELECTION BALLOT	
TO: City Secretary/Secretary of Board					
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.					
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) <u>BENBROOK City Council Place 4</u>				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) <u>Rickie Bob ALLISON</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT <sup>1</sup> <u>Rickie ALLISON</u>		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.) <u>410 Cozby STREET NORTH</u>			PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)		
CITY <u>BENBROOK</u>	STATE <u>TX</u>	ZIP <u>76126</u>	CITY	STATE	ZIP
PUBLIC EMAIL ADDRESS (If available)		OCCUPATION (Do not leave blank) <u>Retired</u>	DATE OF BIRTH <u>07 126 11957</u>	VOTER REGISTRATION VOID NUMBER (Optional) <sup>2</sup> <u>1045011190</u>	
TELEPHONE CONTACT INFORMATION (Optional) Home: <u>817-249-3605</u> Work: Cell: <u>817-996-9593</u>		LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN			
		IN STATE <u>64</u> year (s) ____ month(s)		IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED <sup>3</sup> <u>64</u> year (s) ____ month(s)	
If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election.					
Before me, the undersigned authority, on this day personally appeared (name) <u>Rickie B. Allison</u> , who being by me here and now duly sworn, upon oath says:					
"I, (name) <u>Rickie Bob Allison</u> of <u>TARRANT</u> County, Texas, being a candidate for the office of <u>BENBROOK City Council Place 4</u> , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code.					
I further swear that the foregoing statements included in my application are in all things true and correct."					
<div style="display: flex; align-items: center; justify-content: center;"> <span style="font-size: 2em; margin-right: 10px;">X</span> </div> <div style="text-align: center;">SIGNATURE OF CANDIDATE</div>					
Sworn to and subscribed before me at <u>Quilicura, TARRANT, TX</u> , this the <u>25</u> day of <u>July</u> , 2018.					
 Signature of Officer Administering Oath <sup>4</sup>		 Title of Officer Administering Oath			
TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD: (See Section 1.007)					
		<u>7-23-18</u> Date Received		 Signature of Secretary	
Voter Registration Status Verified <input checked="" type="checkbox"/>					

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

**FORM CTA**  
**PG 1**

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 CANDIDATE  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR. Rickie B

ALLISON

OFFICE USE ONLY

Acct. #

Date Received

3 CANDIDATE  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

410 Cozby st. N. Benbrook TX 76126

4 CANDIDATE  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 249-3605

Date Hand-delivered or Postmarked

Date Processed

5 OFFICE  
HELD  
(if any)

Benbrook City Council Place 4

Date Imaged

6 OFFICE  
SOUGHT  
(if known)

Benbrook City Council Place 4

7 CAMPAIGN  
TREASURER  
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MRS KATHLEEN M ALLISON

8 CAMPAIGN  
TREASURER  
STREET  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

410 Cozby st. North, Benbrook TX 76126

9 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 249-3605

10 CANDIDATE  
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

*Rickie Allison*  
Signature of Candidate

07-23-2018  
Date Signed

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**CANDIDATE MODIFIED  
REPORTING DECLARATION****FORM CTA  
PG 2****11 CANDIDATE  
NAME****12 MODIFIED  
REPORTING  
DECLARATION****COMPLETE THIS SECTION ONLY IF YOU ARE  
CHOOSING MODIFIED REPORTING**


**•• This declaration must be filed no later than the 30th day before  
the first election to which the declaration applies. ••**

**•• The modified reporting option is valid for one election cycle only. ••**  
(An election cycle includes a primary election, a general election, and any related runoffs.)

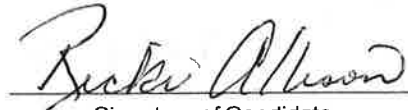
**•• Candidates for the office of state chair of a political party  
may NOT choose modified reporting. ••**

I do not intend to accept more than \$500 in political contributions or  
make more than \$500 in political expenditures (excluding filing fees)  
in connection with any future election within the election cycle.  
I understand that if either one of those limits is exceeded, I will be  
required to file pre-election reports and, if necessary, a runoff  
report.

2018



Year of election(s) or election cycle to  
which declaration applies



Signature of Candidate

**This appointment is effective on the date it is filed with the appropriate filing authority.**